Patient 1st Reimplementation FAQs

1. Do providers previously enrolled in Patient 1st need to re-enroll?
   Yes. Providers who previously participated in Patient 1st will not automatically be enrolled in the "new" Patient 1st Program.

2. When can a provider enroll?
   A provider can enroll in Patient 1st at any time. However, if a provider is not enrolled when their county is scheduled to start Patient 1st (see the Implementation Schedule on Medicaid's web page) the provider will miss the initial recipient assignment process which may affect their patient panel. Applications for Patient 1st enrollment will be mailed approximately 3 months prior to the start date of Patient 1st for each county. PMPs who were participating at the end of the old program will be sent an application. Additionally, there is an application/contract available for download on Medicaid's web page.

3. How will enrollees be reassigned?
   Enrollees will be assigned based on the assignment algorithm that was in place under the old program. It is anticipated that most patients will be reassigned to the last PMP on record, however, they will be given the opportunity to choose another provider before Patient 1st is scheduled to start in their county (see the Implementation Schedule). If there is not a past PMP on record the computer assignment algorithm is as follows:
   - **Newborn – will check for the person to be on the newborn list sent from the state.**
   - **Sibling – will check to see if a sibling is in the program based on payee number. If there is no payee number, then this step cannot be considered. Siblings already enrolled or those in the same batch will be considered. If two siblings are enrolled and assigned to different PMPs, then the new sibling will be assigned to the PMP of the youngest sibling.**
   - **Last PMP on file – will be checked. If caseload and age criteria can be met, then assignment will be made to that PMP.**
   - **Historical Claims history – will be considered for 18 months.**
   - **Random assignment based on PMPs in the recipient's county – will take place as long as caseload is available and age criteria can be met.**

4. Will enrollees previously dismissed from a provider's panel be reassigned to that provider's panel when the "new" Patient 1st reassignment process starts?
   No. If an enrollee was dismissed from a provider's panel, per the provider's request, that enrollee should not be reassigned to the PMP's panel or the panel of any provider associated within that group. However, if this happens please contact the Customer Service Unit. NOTE: Please review the monthly assignment list for new enrollees each month.

5. Will the case management fee be paid for every enrollee on a panel?
   Yes. The monthly fee amount that may be paid each PMP is determined by fee components taken from the enrollment application and based on performance measures identified by Medicaid. There is no limit on the accumulation of case management fees; however, the fees paid are contingent upon fee components the PMP agrees to and the number of enrollees on a PMP's panel. For further details see the Patient 1st Provider Case Management Fee section on Medicaid's web page.

6. Will there be any changes in the claims information process due to HIPAA?
   No. The HIPAA changes were implemented during the last Patient 1st Program. There have been no new changes; hence if a provider was HIPAA compliant in the previous program they should be compliant with the implementation of the "new" Patient 1st Program. Providers will be notified should any new requirements be needed by Medicaid due to HIPAA regulations.

7. What is meant by 24/7 coverage by the PMP?
   PMPs must provide enrollees with after-hours coverage 24 hours per day and 7 days per week. It is important that patients be able to contact their PMP to receive instruction or care at all times in order to be provided the most appropriate care for their health needs. PMPs can meet this requirement through a variety of methods. However, only those arrangements that put the patient into contact with voice-to-voice assistance from someone associated with the physician's practice will receive monies for that component of the case management fee. For more information see Section 39.3.3 in the revised Chapter 39 (June 2004), of the Medicaid Provider Manual.

8. What is meant by "The PMP agrees to abide by all existing laws, regulations, rules, policies, and procedures pursuant to the Patient 1st and the Alabama Medicaid Program", under Section II of the contract?
   This is a broad statement to ensure that the waiver document is incorporated by reference. Otherwise, all the language in the waiver would have to be listed in the contract. In that providers are also Medicaid providers, the Administrative Code is binding as well.

9. What is Title 42 of the C.F.R. and 42 C.F.R. 431.107?
   The C.F.R. is the Code of Federal Regulations. These are the laws that govern the Medicaid program. The Center for Medicare and Medicaid Services (C.M.S.) requires that the actual cite be put in the contract as well as the requirement. For example, 42 C.F.R. 431.107 states the Agency, its duly authorized representatives, etc. Again, the requirement is stated and the citation is just for reference.

10. What types of records, patient or financial, are being referred to in Section 4.24 of the contract?
    Any records related to the provision of services under the contract.

11. How will the Medicaid Agency assist the PMP with patients who do not follow Patient 1st guidelines and/or are noncompliant?
    This is an area that the Patient 1st workgroup needs to decide. The Agency is aware this was a problem with the previous program and the workgroup will try and determine the most appropriate and effective resolution to this problem.
    One possible way to address this issue is to develop a simple method for PMPs to alert Medicaid regarding problem patients. Medicaid could then send warning letters and/or educational materials to the patient. Patients who continue to abuse the program may then be referred for more intensive monitoring.

12. What is meant by "good cause" in Section 7.2, C. Recipient Disenrollment, #2 of the contract?
    The language below is from the revised Chapter 39 (June 2004) of the Alabama Medicaid Provider Manual and describes good cause:

    > **A PMP may request removal of a recipient from his panel due to good cause*. All requests for**

patients to be removed from a PMP's panel should be submitted in writing and provide the enrollee 30 days notice. The request should contain documentation as to why the PMP does not wish to serve as the patient's PMP.

***According to the guidelines listed in the 1915(b)(i) waiver of the Social Security Act that allows operation of the Patient 1st program, good cause is defined as :**

- **Behavior on the part of the recipient which is disruptive, unruly, abusive or uncooperative to the extent that the ability of the provider to provide services to the recipient or other affected recipients is seriously impaired,**
- **Persistent refusal of a recipient to follow a reasonable, prescribed course of treatment; or**
- **Fraudulent use of the Medicaid card.**

Additionally, a Patient 1st enrollee may be disenrolled for nonpayment of co-payments or an outstanding balance if this is a standard operating procedure for the practice, is applicable to all patients regardless of payer source, and prior written notice has been provided to the enrollee.

The PMP is responsible for sending a letter of dismissal to the enrollee and include a copy as an attachment to documentation provided to Medicaid. The dismissal letter should be addressed to the patient and signed by the PMP. Another PMP, not one in the same group as the original PMP, will be selected for the recipient.

Recipients will be given the opportunity to change the selected PMP before the active assignment date. The original PMP must continue to provide services or make referrals for services to the recipient until such time the reassignment is complete. All reassignments will be made effective the 1st of the month.

Dismissal requests should be faxed to Customer Service at (334) 353-5556.

13. What types of changes are being referred to in the contract, under Section 7.6 Changes in Program?
    This language was incorporated at the suggestion of the Medical Association of the State of Alabama (MASA). MASA thought it would be necessary for the Agency to have an avenue to make changes which might be required during the course of the program.

14. If a PMP does not see children will he/she be eligible for the VFC (Vaccine for Children) or EPSDT case management fees?
    As discussed in the Patient 1st Advisory Committee, physicians seeing adult recipients will not be eligible to receive the VFC or the EPSDT components of the case management fee.

15. Is Medicaid's Medical Home Project a one-time training or an ongoing project?
    This is a one-time training. When evidence of CMEs is received by the Agency, the case management fee for that component will start.

16. Will continuing education units be available for nurses if they complete the Medical Home Project?
    Yes.

17. How much electronic educational material will the Agency ask the PMP to reproduce for patients?
    The intent is for the PMP to have more flexibility in deciding what materials to use and in what format. As the program evolves, the Agency may develop a mandatory handout, but there has always been the need for a PMP to have flexibility in utilizing the educational materials available.

18. If the PMP has no patients on Life State Management, will he/she still get that component of the case management fee?
    Yes, this will basically be paid if the PMP is willing to work with the Life State Program.

19. Does the InfoSolutions component of the case management fee start immediately even if Blue Cross/Blue Shield does not have the system in place as of October 1st?
    It is our understanding InfoSolutions will be available at the time of program reimplementation, but regardless; the fee will be paid beginning October 1, 2004.
    In addition, Personal Digital Assistants (PDAs) will be available, at no cost to the PMP, to access the InfoSolutions technology.